Year	Total Cancer Cases
1994	7654
1995	7891
1996	8123

(c) No, Sir.

(d) These RCCs were set up on the recommendation of the Cancer Assessment Committee. The rationale adopted in the identification of RCC was to augment those centres which had proven capability/expertise/experience in cancer control activities. As such location of these centre may not strictly confirm to geographical regions of the country. These centres have been involved in training process programmes of medical colleges in the region. Hence, there is no need to increase such centres.

Expenditure on Family Welfare Programmes

231. SHRI MOHINDAR SINGH KALYAN: Will the PRIME MINISTER be pleased to state the details of the amount spent by the Ministry of Health and Family Welfare on the family welfare programmes during the period from 1st April, 1991 to 31st July, 1997; State-wise and year-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): An amount of Rs. 844766.96 lakhs has been spent on Family Welfare Programme during 1st April, 1991 to 31st July, 1997, as under:

(in lakhs)

1991-92	85792.26
1992-93	103854.46
1993-94	140663.39
1994-95	154615.00
1995-96	152932.85
1996-97	158245.00
1997-98 (upto July,'97)	48664.00
Total	844766.96

Out of the above amount, the funds released State-wise and year-wise are indicated in the Annexure.

[See.Appendix 181, Annexure No. 7]

आयुर्वेदिक दवाइंया बनाने वाली इकाइंया

232.**श्री राम जेठमलानी :** क्या प्रधान मंत्री यह बताने की कृपा करेंगे कि**:**

(क) क्या सरकार ने देश में शोधकार्य, विकास तथा उत्पादन कार्य में संलग्र आयुर्वेदिक दवाइंया बनाने वाली इकाइयों की संख्या वाली इकाइंयों की संख्या का पता लगाया हैं**;**

(ख) यदि हां, तो मार्च, 1997 में इन इकाइयों की कुल संख्या कितनी थी**;**

(ग) क्या यह भी सच है कि इन इकाइयों को कव्चा माल उपलबध न होने के कारण इन्होंने सरकार से पट्टे पर जमीन देने की मांग की हैं ताकि वे इन जड़ी बूटियों का उत्पादन कर सकें**;** और

(घ) यदि हां, तो सरकार द्वारा इस संबंध में अब तक कार्यवाही की गई है?

स्वास्थय और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती रेणुका चौधरी) : (क) और (ख) जी नहीं।

(ग)और (ध) भारतीय चिकित्सा पद्धति एवं होमेयोपैथी विभाग के पास ऐसी कोई योजना नहीं है जिसके अन्तर्गत औषधीय पादपों के उत्पादन के लिए पट्टे पर भूमि दी जा सकती हों। लेकिन विभाग में औषधीय पादपों/जड़ी बूटियों के विकास की एक ऐसी योजना हैं जिसके अन्तर्गत पादपों/जड़ी बूटियों के विकास के लिए सरकारी/अर्धसरकारी तथा कृषि विश्वविद्यालयों को वित्तीय सहायता प्रदान की जाती है जो खतरे अथवा विलुप्त होने की स्थिति में हों।

Increase in the number of Thalassemia Patients

233. SHRI SANJAY DALMIA:
SHRI NARENDRA MOHAN:

Will the PRIME MINISTER be pleased to state:

(a) whether the number cf Thalassemia patients in the country is rising constantly especially the children;

(b) if so, the steps being taken by Government to control the disease;

(c) whether Government are taking any action to provide relief to the patients through Thalassemia control technolgoy; developed by the Government of Italy;

(d) if so, the number of places in the country *where* bone marrow transplantation facility is available for the patients; and

(e) whether Government are considering the possibility of setting up a bone marrow bank, on the lines of blood banks?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) There is no Central Registry for Thalassemia patients. A limited study conducted by the Indian Council of Medical Research on a group of selected children indicated the prevalence of Thalassemia trait at an average of about 3% in the study population. This was extrapolated statistically to estimate that about 6000 to 8000 children are born every year with Thalassemia major in India if both the spouses are carries of Thalassemia trait.

(b) Control of the disease comprised of two aspects: treatment and prevention. The mainstay of treatment being repeated blood transfusion, consequent excess of iron produced in the body is removed by chelation therapy. Regarding the drugs used in the treatment of the disease, Government have exempted some of the drugs from Customs duty/Central Excise Duty.

The curative treatment is bone marro* transplant, and this facility is currently available at Chirstian Medical College, Vellore, where a centre for Advanced Research is being funded by the Indian Council of Medical Research.

Prevention of the disease by genetic counselling/pre-natal diagnosis are available in limited centres in the country.

(c) Some countries, including Itlay, have controlled this disease through genetic counselling and pre-natal diagnosis of affected foetus during pregnancy and terminating the same. In India, such facilities are available at limited centes such as the ICMR's Institue of Immunohaematology (Mumbai); Department of Genetics, AIIMS (New Delhi); Wadia Children's Hospital (Mumbai). Some more centres are in the process of being established.

(d) Bone marrow transplantation (BMT) facilities for Thalassemia major are available at Christian Medical College, Vellore.

(e) There is no such proposal under consideration of the Government at present.

New Health for all by 2000AD Project

234. SHRI AKHILESH DAS: Will the PRIME MINISTER be pleased to state:

(a) whether Government have a proposal to launch another ambitious project, Health for All by 2000A.D.;

(b) if so, what are the details in this regard; and

(c) whether the project is being launched jointly by the States, the Central Government and the local bodies?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) to (c) No, Sir. There is no such project. Health for All is the overall aim of the Health Policy of the country and the improvement of Health care services, particularly for the poor and disadvantaged continues to be a common objective for all those concerned with the | provision of health care.

National Family Wcfare Programme in Gujarat

235. SHRI AHMED PATEL: Will the I PRIME MINISTER be pleased to state: